BREECH – ANTENATAL MANAGEMENT OF TERM BREECH GUIDELINES

1. OPTIMAL OUTCOMES
   • Appropriate antenatal management of singleton breech presentation from 36 weeks gestation

2. PATIENT
   • All antenatal women with a singleton breech presentation from 36 weeks gestation

3. STAFF
   • Midwives
   • General Practitioners providing shared antenatal care
   • Medical officers

4. EQUIPMENT
   • Ultrasound

5. CLINICAL PRACTICE
   • Arrange ultrasound scan if breech presentation is suspected from 36 weeks gestation to assess for presentation, liquor volume, growth parameters, placental site, attitude of the fetal head, type of breech eg. frank, complete, footling
   • Arrange review by a medical officer experienced in counselling women with breech presentation following scan
   • Offer women with an uncomplicated pregnancy external cephalic version (ECV).
   • Book ECV for 37 weeks gestation on the delivery suite, with an appropriately trained medical officer
   • Offer women declining ECV an elective caesarean section
   • Book caesarean section for 39 weeks gestation
   • If the woman wishes to consider vaginal breech delivery an appointment with a consultant obstetrician must be arranged as soon as possible.

6. HAZARDS/SUB-OPTIMAL OUTCOMES
   • Undiagnosed breech presentation in labour at term
   • Neonatal morbidity and mortality

7. DOCUMENTATION
   • Antenatal hospital record and yellow card
   • Progress notes at time of inpatient episodes
8. EDUCATIONAL NOTES

- In 3-4% of singleton pregnancies at term the fetus will be in a breech presentation
- “Term Breech Trial”: A multicentred, international randomised controlled trial showed:
  - In countries with a low perinatal mortality rate the reduction in risk (perinatal mortality and serious neonatal morbidity) from 5.7% to 0.4% for elective caesarean section
  - Where an experienced clinician delivers the breech baby vaginally the risk of perinatal mortality and serious neonatal morbidity was 3.6% vs 1.5% for elective caesarean section
  - Inform women of the risks of caesarean section and implications for future pregnancies
  - ECV has been subjected to 6 randomised controlled trials showing:
    - A significant reduction in the risk of caesarean without any increased risk to the fetus
    - Routine tocolysis with Beta agonists stimulants appears to be effective with some trials showing increased ECV success rate at term and fewer caesarean sections. Sublingual nitro-glycerine was not found to be effective.
    - Offer Rhesus negative women Anti-D
    - A CTG is performed pre and post ECV (whether or not successful)

- There is no evidence to support the use of postural management (knee-chest position) in the presence of a breech presentation

9. RELATED POLICIES/ PROCEDURES

- ECV policy
- Vaginal Breech Birth
- Caesarean birth – maternal preparation and receiving the newborn

10. REFERENCES

- Breech Deliveries at Term. Statement C-Obs 11 RANZCOG Statements February 2005
- Hofmeyr GJ, Gyte G. Interventions to help external cephalic version for breech presentations at term (Cochrane review) Last Amended 13 September 2003
- Hofmeyr GJ, Kulier R External Cephalic Version for Breech Presentation at term (Cochrane review) Last amended 6 July 1995
- Hofmeyr GJ, Kulier R Cephalic Version by postural management for breech presentation (Cochrane review) Last amended 10 March 2000